

6-YEAR AIRPORT CAPITAL IMPROVEMENT AND F&E PROGRAM PREAPPLICATION

This form or format should be used to submit annual 6-Year ACIP's & their updates

AIRPORT NAME

SPONSOR NAME

ADDRESS

CITY, STATE, ZIP

SUBMITTED BY

TITLE

DATE

PHONE NUMBER

I hereby certify that the Airport is free and clear of hazards to navigable airspace in accordance with FAR Part 77 and/or VAR, Section 24-VAC 5-20-140:

SIGNATURE

PROJECT DESCRIPTION	TOTAL COST	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	REMARKS
YEAR 1 (CURRENT YEAR)					
	\$ -				
YEAR 1 - GRAND TOTAL	\$ -				

YEAR 2

PROJECT DESCRIPTION	TOTAL COST	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	REMARKS
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 2 - GRAND TOTAL	\$ -				
YEAR 3					
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 3 - GRAND TOTAL	\$ -				

PROJECT DESCRIPTION	TOTAL COST	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	REMARKS
YEAR 4					
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 4 - GRAND TOTAL	\$ -				
YEAR 5					
	\$ -				
	\$ -				
	\$ -				
	\$ -				
YEAR 5 - GRAND TOTAL	\$ -				

PROJECT DESCRIPTION	TOTAL COST	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	REMARKS
YEAR 6					
	\$ -				
	\$ -				
	\$ -				
YEAR 6 - GRAND TOTAL	\$ -				